

**APPLICATION FOR CLINICAL THERMOMETER
CERTIFICATION**

Authority: Public Act 368 of 1978, as amended

If this form is not completed, a certification will not be issued.

Instructions: Submit the completed application and the required fee. Provide two (2) representative samples of each type or kind of thermometer being offered for sale.

Standard clinical thermometers sold in the State of Michigan shall comply in all respects with standards set forth in Section 469 of Act 328 of the Public Acts of 1931, as amended, and Board of Pharmacy Administrative Rule 338.488.

Type or Print Only

Board Use Only

License Number

Date of Licensure

I AM APPLYING FOR THE FOLLOWING CHANGE(S):

- ☐ Clinical Thermometer Certification- Fee: \$85.00 71-5305-01
☐ Clinical Thermometer Recertification - Fee \$105.00 71-5305-06

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany the application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the department.

Manufacturer Name		Michigan Permanent I.D./License Number and Expiration Date 53-05-	
Street Address		Business Telephone Number	
City	State	ZIP Code	DEA Number

List all types of thermometers submitted for certification.

CERTIFICATION

I certify that the thermometers submitted and listed above, meet the standards for Manufacturing Clinical Thermometers approved by the American Society for Testing and Materials on August 29, 1986, and issued under designation "E667-86" as adopted by the Michigan Board of Pharmacy R 338.488(2).

Signature of Applicant	Date
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